



NASSAU COUNTY
SPiN
A Crime Prevention Partnership
SECURITY / POLICE INFORMATION NETWORK



THOMAS R. SUOZZI
County Executive

JAMES H. LAWRENCE
Commissioner

APPLICATION

Date _____ Date of Birth _____

First Name _____ MI _____ Last Name _____

Business/Organization Name _____

Address _____

City _____ State _____ Zip Code _____

Your Position/Title _____

Type of Business _____

24 Hour Phone Number _____ Phone Number _____ Extension: _____

FAX Number _____ Cell Number _____

Email _____ Pager Number _____

Text Messaging Address (If desired) _____

Additional Contact Person _____

Number Non-Security employees _____ Number Security Personnel _____

Number Armed Personnel _____ Number Peace Officers _____

Retired from Law Enforcement? No Yes (If Yes, Describe below)

Have you ever been convicted of a crime? No Yes (If Yes, Explain below. A local criminal history check will be conducted)

Signature of Applicant _____

FAX completed form to 516-573-7993